

INSTRUCTIONS FOR FILING APPLICATION FOR DENTAL LICENSURE IN KENTUCKY FOR APPLICANTS WHO HAVE NOT GRADUATED FROM A COMMISSION ON DENTAL ACCREDITATION (CODA) PROGRAM

1. Must have completed two (2) years post-graduate training in a CODA accredited general dentistry program.
2. You must have obtained a passing grade on the SRTA examination or other **REGIONAL Examination and National Boards parts 1 & 2**. SRTA scores will automatically be sent directly to the Board office. If you took another regional exam, you must call them and have them send the results directly to the Kentucky Board office, or you may request they be sent to you. **If sent directly to you, results must be sent to the Board office in the original sealed envelope.** Valid clinical examination scores are effective for five (5) years.
3. You must pass the Kentucky Jurisprudence Examination, which can be taken online at <http://dentistry.ky.gov>. You may reference all of the statutes and regulations via the web or you may request that a law book be mailed to you. **Send \$10 to the Board office with your request for a law booklet.**
4. Applications are kept for 6 months from the date received in the board office. If you have not been licensed by this time, you will be required to start the application process over. Your fee would be transferred to the new application with the exception of the \$50.00 application review fee.
5. We do not make calls to applicants on the status of their application. It is the applicant's responsibility to call the Board office to check on the status of their application.

WHAT TO SUBMIT WITH YOUR APPLICATION

- ____ 1. Application with photo and affidavit. Use the name under which you wish to be licensed. **WRITE THE REGIONAL TEST NAME, DATE AND LOCATION ON THE FRONT OF THE APPLICATION.**
- ____ 2. Application fee \$280.00. (a \$50.00 non-refundable application review fee is included in this amount)
- ____ 3. Your National Board Score card (if it has not previously been sent to the Dental Board office. Call ADA at (800) 621-8099. This must be sent directly to the Board office.
- ____ 4. Official copy of your transcript/s from the school/s where the post-graduate training in general dentistry was completed.
- ____ 5. **Continuing Education:**
Completion certificates showing proof of required continuing education hours, taken within 24 months of the date of receipt of your application in the Board office, must be submitted with the application.

2009 graduates do not need to send in proof of CE.

If you graduated in 2008 and submit your application after March 1, 2009, you will need to show proof of taking 15 hours of CE. Of the 15 hours, 10 hours must be scientific presentation format, 5 hours can be business, home study, online, video, magazine or journal articles. If you submit your application before March 1, 2009, you do not need to submit proof of CE.

Applicants graduating before 2007 will need to show proof of taking 30 hours of CE. Of the 30 hours, 20 hours must be scientific presentation format, 10 hours can be business, home study, online, video, magazine or journal articles.

- ____ 6. Completion certificate or letter from the sponsor of an HIV/AIDS course taken within the last 24 months. Must be at least a two hour course and approved by the Kentucky Cabinet of Health & Family Services. To obtain a current list of the approved courses call 502/564-6539 or check the website at: <http://chfs.ky.gov/dph/epi/hivaids/professionaleducation.htm>

- ____ 7. You must be current in Basic Life Support (BLS) OR CPR. **** Send a copy of the front and back of the card. These hours do not count towards the CE requirements.**
- ____ 8. Submit one letter of recommendation from the program director from each training site.
- ____ 9. Show proof of passing either the "Test of English as a Foreign Language" with a score of 650, or has an attainment of level 109 in the "English Language Service Test," if English is not the applicants native language.

IF YOU HAVE BEEN LICENSED IN ANOTHER STATE YOU MUST ALSO PROVIDE THE FOLLOWING:

- ____ 1. Current letter (within 3 months) verifying licensure in each state you hold or have previously held a license (copy of license not accepted.) **These must be sent directly to the Board office.**
- ____ 2. National Practitioners Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board office. Complete the National Practitioners Data Bank Report and AADE Clearinghouse Report application which is available at: <http://dentistry.ky.gov/forms.htm> and send it to the Board office with **the \$25 fee.**

IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.

Make Check payable to: KENTUCKY BOARD OF DENTISTRY
Mail application to: 312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE, KY 40222
PHONE: 502/429-7280

**** Approved Providers of CPR, BLS and ACLS Certification**

American Red Cross

American Heart Association

American Safety & Health Institute (Florida)

Active Canadian Emergency Training

(A licensee / applicant must receive Board approval before another provider's certification may be used to meet KBD application or CE requirements.)